

UNITED STATES DEPARTMENT OF AGRICULTURE  
MARKETING AND REGULATORY PROGRAMS

**2-LEVEL PERFORMANCE APPRAISAL PROGRAM  
PERFORMANCE PLAN**

Name (Last, First, M.I.)	Pay Plan, Series, Grade	AgencyProgram	<b>APPRAISAL PERIOD</b>	
Position Title			From	To

**CRITICAL PERFORMANCE ELEMENT**

No.  (Describe the duty, responsibility, or results for which the employee is accountable and responsible).

**PERFORMANCE STANDARD - FULLY SUCCESSFUL LEVEL** (Describe the level expected for "Fully Successful" performance. Include appropriate indicators of quality, quantity, cost efficiency, timelines, and/or manner of performance where applicable.)

**CERTIFICATION OF ISSUANCE OF PERFORMANCE PLAN**

Signatures certify issuance and receipt of performance plan.

Supervisor's Signature	Date	Employee's Signature	Date
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**CERTIFICATION OF MID-YEAR PROGRESS REVIEW**

Signatures certify discussion with the employee and receipt of plan which reflects current position description.

Supervisor's Signature	Date	Employee's Signature	Date
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